

Which patients with sexually transmitted diseases default?

Report of a survey in one clinic

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Introduction

Little is known about the motivation of patients who attend clinics for the treatment of sexually transmitted disease (STD). Thin and Smith (1976) reported the source of attendance (self-referral, contact action, referral by a doctor, or other source) for heterosexual and homosexual men attending an STD clinic. However, no account was taken of the attitudes of these men towards STD or their motivations to continue to attend when advised to do so.

It was therefore decided that patients attending an STD clinic should be studied to try to identify groups (either by demographic factors or by the patients' attitudes) who were likely to complete their course of treatment and follow-up.

Method

Two pilot studies were first carried out; then 100 patients attending between January and March 1976 were interviewed. A questionnaire with standardised, pre-set questions was administered by one of us. All those interviewed were attending the Department of Genital Medicine, St Bartholomew's Hospital, London for the first time, although some of the patients had previously attended another STD clinic. The interview took seven minutes and was at the end of the patient's visit. The coded responses were then punched on 80-column cards and a FORTRAN-based computer program was used to analyse them.

THE QUESTIONNAIRE

This sought the following information:

1. Demographic data—such as age, sex, marital state, and social class.

2. How the patient found out about the clinic.
3. The patients' concepts of their attitudes to STD and clinics before attending, and any changes they thought had taken place during their visit.
4. Reactions to the clinic and its staff formed during their first visit, and any improvements the patients thought could be made.
5. Details of attendance and diagnosis, obtained one month after the interview. A 'defaulter' was taken to be any person who failed to return during that month when she or he had been asked to do so.

AN 'OCCUPATION/CLASS' SCALE

As the Registrar General's classification was considered to be inappropriate for the purpose of determining educational level and, as education is important in the formation of attitudes, a special scale—linked to educational qualifications—was devised. This comprised the seven following categories:

1. Higher professional (HP)—for example, chartered accountant, lecturer, company director, or architect.
2. Lower professional (LP)—for example, nurse, librarian, journalist, or insurance broker.
3. Clerical—for example, bank clerk, insurance representative, or telephonist.
4. Manual—for example, machinist, driver, postman, or market worker.
5. Unemployed.
6. Student.
7. Housewife (any married woman who had an occupation was classified under that occupation).

THE DIAGNOSTIC CATEGORIES

These were as follows:

1. Syphilis or gonorrhoea.
2. Minor STDs including non-specific urethritis (NSU), non-specific genital infection (NSGI),

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candidosis, trichomoniasis, balanitis of undetermined origin, scabies, pediculosis, genital warts, and genital herpes.

3. No STD, but treated for other conditions.
4. No disease found.

Comparison of our sample with all new cases attending the clinic during the same quarter of the year showed that it was representative, except that there were fewer patients with gonorrhoea and syphilis in our sample.

Results

DEMOGRAPHIC DATA

Only data of special relevance are given.

Age

Over half (53%) of patients were in the 20–29 year age group, Table 1. The sex ratio was such that, for approximately every two women attending, there were three men (male : female ratio 3:2).

Marital state

Single—55%, married—34%, cohabiting—2%, separated—4%, divorced—5%.

Occupation/class

HP—11%, LP—42%, clerical—22%, manual—14%, unemployed—1%, student—8%, housewife—2%.

Table 2 shows that only three patients had syphilis or gonorrhoea; most patients who attended had less serious STDs.

PATIENTS' ATTITUDES BEFORE ATTENDING AND ATTENDANCE PATTERN

Table 3 shows that most (79%) interviewees were attending an STD clinic for the first time. Just over one-fifth (21%) had previously attended elsewhere. Nevertheless the patients attending for the first time were likely to be less 'positive' (as defined in Table 3) in their attitudes to coming to a clinic than those who had been to other clinics. Those patients attending a clinic for the first time were also much more likely to have expected the visit to be worrying or embarrassing.

Table 4 shows the relationship between having attended another clinic and the patients' eventual attendance pattern at the Department of Genital Medicine. Although approximately two in three

patients did return as asked, patients who had previously been to another clinic were more likely to default (9/20 or 45%) than those who had never been to another clinic (23/73 or 31.5%).

FINDING OUT ABOUT THE CLINIC

Most (62%) interviewees had found out about the clinic from their partners, friends, or doctors (Table 5).

Table 2 *Diagnosis and gender of patients attending the clinic*

Gender	Syphilis and gonorrhoea	Minor STDs	No STD*	No disease present	Total
Female	2	33	2	1	38
Male	1	54	4	3	62
Total	3	87	6	4	100

*But treated for other conditions

Table 3 *Prior attendance at another clinic and patients' attitudes before attending Barts*

Attitude	Patients who had not attended before	Patients who had attended another clinic	Total
Positive*	24	10	34
Neutral†	45	9	54
Negative‡	8	2	10
Incomplete data§	2	0	2
Total	79	21	100

*Positive: the patient expected the staff to be friendly and the visit not to present him/her with any problems

†Neutral: the patient had neither good nor bad expectations

‡Negative: the patient expected the staff to be unpleasant and for it to be a worrying and embarrassing experience

§Incomplete data: due to interviewing/programming error

Table 4 *Prior attendance at another clinic and eventual attendance pattern at Barts*

Attendance	Patients who had not attended before	Patients who had attended another clinic	Total
Returned as asked	50	11	61
Did not return, defaulted	23	9	32
NA/NR*	6	1	7
Total	79	21	100

*Not applicable no response

Table 1 *Age and gender of patients attending the clinic*

Gender	Age (years)					Total
	16–19	20–29	30–39	40–49	50–62	
Female	3	25	7	2	1	38
Male	5	28	14	12	3	62
Total	8	53	21	14	4	100

Table 5 *How the patients found out about the clinic*

Contacted, referred, told by sexual partner or by GP	44
Recommended by friend	18
Notice or poster	16
Already knew of clinic from visits to other departments	12
From directory or guide	10
Total	100

CHANGES IN ATTITUDE TOWARDS STD DURING PATIENTS' VISIT

Overall 57% of patients did not think their attitudes to STD had changed since their visit to the Department of Genital Medicine. The 43% who did report changes in attitude are shown in Table 6a. If all patients' final attitudes are analysed, the result is as shown in Table 6b.

PATIENTS' REACTIONS TO THE CLINIC

Table 7 shows that, at the end of the first visit, most patients felt the staff were friendly, reassuring, and capable—this was especially the case for the female patients.

Only 39 patients suggested improvements. The one most often wished for was that there should be greater privacy initially in the waiting area; this was given by nine respondents.

Fifty-eight of the 59 patients who had asked the doctor questions during their visits considered that

these had been satisfactorily answered. In response to another question during the interview, 74 patients thought it would be a good idea if written information about STD were provided in the clinic, while only 19 were against this idea.

SUBSEQUENT ATTENDANCE

Twenty patients said that they would find it difficult to carry out the instructions given to them by the doctor—such as abstaining from sexual intercourse and from alcohol and returning to the clinic. Nine said further attendance would be inconvenient, six said it would be awkward to get time off work, and five that it would be difficult for personal reasons. Further analysis showed, nevertheless, that an *inverse* relationship existed between patients' concept of possible problems, and their subsequent attendance—in other words, those who felt it would be difficult to follow instructions were also *more* likely to be regular attenders.

DEFAULTERS

The attendance records showed that 32 patients defaulted within the first month. Certain factors seemed to be more important than others. These were:

1. The default rate was markedly higher among those who had been to another clinic before (see Table 4).
2. The proportion of defaulters was also higher among those who, after the visit, changed from being embarrassed about STD to considering STD as an ordinary illness—that is, 13 of 24 cases, or 54.2% (see Table 6a).
3. Those who had had 'positive' attitudes towards coming to a clinic before they visited it were more likely to complete their treatment (see Table 3).
4. Five (38.5%) of the 13 female patients diagnosed as having candidosis subsequently defaulted.
5. In the LP group (42% of the sample) 15 of 41, or 36.6% (one case incomplete data) defaulted; this is slightly higher than the overall default rate.

Table 6a Patients' reported change (if any) in attitudes to STD since attending Barts, and attendance pattern

Barts attendance	Final reported attitude				Total
	'Ordinary illness'*	Now embarrassed†	Don't know‡	NA/NR§	
Returned as asked	11	5	1	5	22
Did not return; 'defaulted'	13	2	0	3	18
NA/NR§	2	0	0	1	3
Total	26	7	1	9	43

*Changed from not knowing or feeling embarrassed to regarding STD as an ordinary illness

†Changed from not knowing or regarding STD as an ordinary illness to feeling embarrassed

‡Changed from feeling embarrassed to not knowing how he or she felt

§Not applicable/no response

Table 6b All patients' final reported attitudes to STD

STD seen as 'ordinary illness'	54
Patient worried or embarrassed by subject	29
Don't know	7
Not applicable/no response	10
Total	100

Table 7 Attitudes towards the clinic staff at the end of the first visit by gender of patient

Gender	Positive*	Neutral†	Negative‡	NA/NR§	Total
Female	30	5	1	2	38
Male	39	16	4	3	62
Total	69	21	5	5	100

*Positive: the patient found the staff reassuring, capable, and friendly

†Neutral: the patient felt indifferent towards the staff

‡Negative: the patient did not find the staff reassuring, capable, or friendly

§Not applicable/no response

Discussion

In any discussion of the default rate, it must be remembered that our sample was small. However, the 32 patients who defaulted nevertheless represent nearly one-third of the sample. Demographic factors—such as, age and gender—generally had little influence on patients' attitudes and attendance patterns, but some groups had more defaulters than others.

The first group were those patients who had previously been to another clinic, or those who, after visiting this clinic, considered STD as an ordinary illness. It may be that they regarded their problem too lightly and did not realise the potential seriousness of STD. Perhaps the medical staff put insufficient emphasis on the importance of coming back (even when symptomless) and on completing the course of treatment and/or follow-up, and did not give reasons for this clearly enough.

In the second group were the female patients with candidosis (13% of the clinic's clientele) who throughout tended to show more negative or reserved attitudes. One possible explanation is that candidosis tends to be perceived as 'only thrush' and the fact that it may be an STD is forgotten. Perhaps patients are not made sufficiently aware of the implications of candidosis in this respect.

Thirdly, the higher default rate among the LP group suggests that the approach of the clinic is not right for these people, or vice versa.

In view of the type of person likely to default, and the fact that 74% of the patients wanted more information, we suggest that such information should be provided. This should be aimed at the 18-30 year age group, who comprise 60% of patients, and at the HP, LP, and clerical groups, who together make up 75% of the sample. Ideally, this information should be available during the visit so that the patient has time to ask questions about it before he

or she leaves. The cards or pamphlets should be given to the patient, not simply left around to be picked up as many people are unwilling to do this.

Conclusions

Comparison with all new cases attending this clinic in the first quarter of 1976 indicated that our sample was representative. We would, however, have reservations about applying our findings to other clinics. The social characteristics of the patients attending this clinic are due to its geographical position in the City of London.

The results of our survey indicate that the clinic does influence attitudes (which may affect the attendance rates), although it would seem that these are very likely to be linked also to external factors, such as social class or previous attendance at an STD clinic. There is a need for more research in this area.

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Reference

- Thin, R. N., and Smith, D. M. (1976). Some characteristics of homosexual men. *British Journal of Venereal Diseases*, 52, 161-164.